MEDICARE

WHAT YOU NEED TO KNOW

Version : 2021

Original Medicare

Coverages available

- ✓Part A – hospital insurance
- ✓Part B – medical insurance

Gaps exist in coverage

Medicare Part A Coverage

Medicare Part A is the hospital insurance portion of your plan. It pays benefits for:

- ✓Inpatient hospital care
- ✓Hospice care
- ✓Some skilled nursing care
- ✓Home health care

https://www.medicare.gov/what-medicare-covers/what-part-a-covers

Medicare Part A Coverage

For hospitals stays in 2021, your cost for each benefit period are:

Day 1-60	$1,484 Part A deductible
Days 61-90	$371 per day co-payment
Days 91-150	$742 per day Lifetime Reserve Days co-payment. When your hospital stay exceeds 90 days during the benefit period, a feature referred to as "Lifetime Reserve Days" takes effect. When you use a reserve day, Medicare permanently subtracts it from your 60-day lifetime limit.
Days 151 and after	All cost after your Lifetime Reserve Days run out. But, if you don't have the full 60 reserve days left, you pay all Part A expenses before the 151st day of the benefit period.

Source: https://www.cms.gov/newsroom/fact-sheets/2021-medicare-parts-b-premiums-and-deductibles

Medicare Part A Coverage

For skilled nursing care in 2021, your costs for each benefit period are:

Days 1-20	Nothing
Days 21-100	Up to a $185.50 per day co-payment
Days 101 and after	All cost

Source: https://www.cms.gov/newsroom/fact-sheets/2021-medicare-parts-b-premiums-and-deductibles

Skilled Nursing Facility Care Coverage

Medicare pays benefits for skilled nursing facility care only if:

- ✓ Your doctor prescribes the skilled nursing care.
- ✓ You need skilled nursing care every day, not just 5 or 6 days a week.
- ✓ You were in the hospital for the last 3 consecutive days before entering the skilled nursing facility.

Skilled Nursing Facility Care Coverage

- ✓ Medicare covers only short-term skilled nursing home care, with no payments after 100 days.
- ✓ It does not cover 'custodial" or "intermediate" care, the most common kinds of care.
- ✓ In total, Medicare pays only about 10% of all long-term care cost. (Source: Department of Health & Human Services)

Home Health Care Coverage

Medicare pays benefits for the home health care only if:

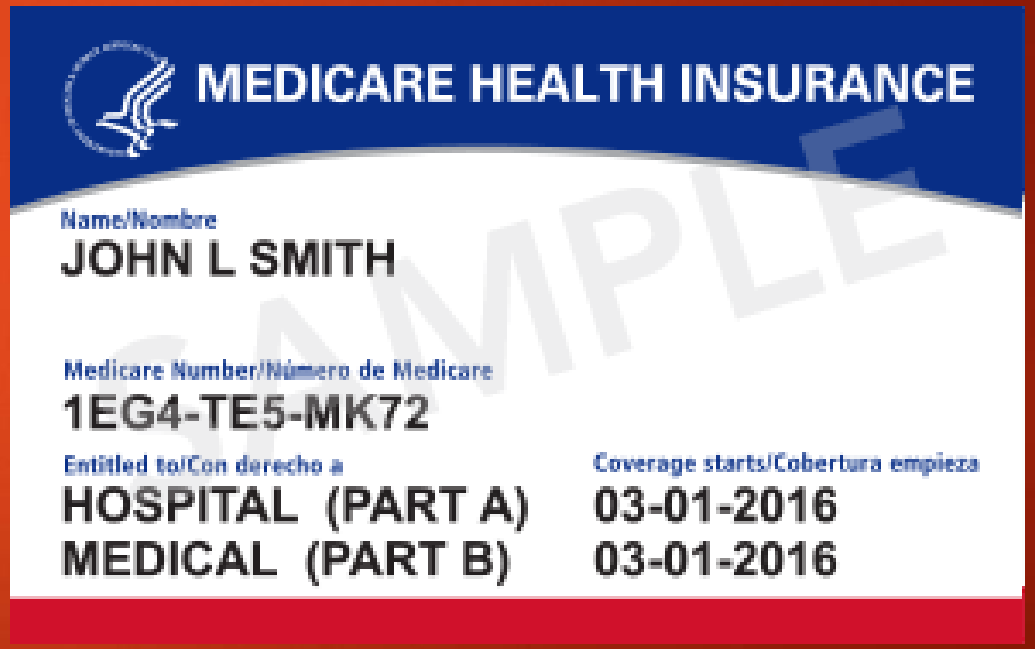
- ✓ You need part-time skilled nursing care, physical therapy or speech therapy
- ✓ You're confined to your home
- ✓ Your doctor prescribes home health care and sets up a care program
- ✓ Your home health agency is Medicare-approved

Medicare Part B Coverage

Part B deductible for 2021 is $203

Medicare part B is the medical insurance portion of your plan. It pays benefits for:

- ✓ Doctors' services
- ✓ Outpatient hospital services
- ✓ Medical services and supplies



Source: https://www.cms.gov/newsroom/fact-sheets/2021-medicare-parts-b-premiums-and-deductibles

Medicare Part B Premium

Since 2007, a beneficiary's Part B monthly premium is based on his or her income. These income-related monthly adjustment amounts (IRMAA) affect roughly 7 percent of people with Medicare Part B. The 2021 Part B total premiums for high income beneficiaries are shown in the following table:

Beneficiaries who file individual tax returns with income:	Beneficiaries who file joint tax returns with income:	Income–related monthly adjustment amount	Total monthly premium amount
Less than or equal to $88,000	Less than or equal to $176,000	$0.00	$148.50
Greater than $88,000 and less than or equal to $111,000	Greater than $176,000 and less than or equal to $222,000	59.40	207.90
Greater than $111,000 and less than or equal to $138,000	Greater than $222,000 and less than or equal to $276,000	148.50	297.00
Greater than $138,000 and less than or equal to $165,000	Greater than $276,000 and less than or equal to $330,000	237.60	386.10
Greater than $165,000 and less than $500,000	Greater than $330,000 and less than $750,000	326.70	475.20
Greater than or equal to $500,000	Greater than or equal to $750,000	356.40	504.90

Medicare Part B Coverage

Examples of Services and Supplies Usually Covered

Doctor Services

- ✓ Services received:
- In the hospital
- In the doctor's office
- From you doctor's office
- In any Medicare-approved medical or nursing facility
- At home

- ✓ Assistant surgeon fees
- ✓ Diagnostic test and treatments
- ✓ Administered Drugs
- ✓ Anesthetist fees

Outpatient Hospital Services

- ✓ Emergency room
- ✓ Hospital clinic services
- ✓ Physical therapy
- ✓ Administered drugs
- ✓ Lab test
- ✓ X-rays
- ✓ Radiology medical supplies.

Medical Services and Supplies

- ✓ Independent lab test
- ✓ Ambulance
- ✓ Surgical dressing
- ✓ Cast and splints
- ✓ Pacemakers, artificial limbs, braces, wheelchairs, and other necessary equipment
- ✓ Corrective lenses after a cataract operation

Medicare part B Coverage

Examples of Services and Supplies **NOT** Usually Covered

Doctor Services

- ✓ Dental care
- ✓ Routine physical examinations
- ✓ Oral surgery
- ✓ Routine foot care, eye or ear examinations
- ✓ Immunizations
- ✓ Chiropractic services except for manual manipulation of the spine

Outpatient Hospital Services

- ✓ Cosmetic procedures not medically necessary
- ✓ Lab test not medically necessary

Medical Services and Supplies

- ✓ Dental plates
- ✓ Orthopedic shoes
- ✓ First aid supplies
- ✓ Self-administered drugs, even with a doctor's prescription
- ✓ Eyeglasses
- ✓ Hearing aids

Original Medicare Gaps

- ✓Medicare Supplement plans can cover most of these gaps
- ✓Choice of plans determined gaps covered
- ✓Prescription drug coverage can assist with the gaps for the outpatient drug cost through a Medicare Part D plan

Medical Coverage

Let's look at what plans are available for you and which plan meets your needs!

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants									Medicare first eligible before 2020 only		
	PLAN A	PLAN B	PLAN D	PLAN G	G[1]	PLAN K	PLAN L	PLAN M	PLAN N	PLAN C	PLAN F	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓		50%	75%	✓	✓ copays apply[3]	✓	✓	
Blood (first three pints each year)	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Part A hospice care coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Skilled nursing facility coinsurance			✓	✓		50%	75%	✓	✓	✓	✓	
Medicare Part A deductible		✓	✓	✓		50%	75%	50%	✓	✓	✓	
Medicare Part B deductible										✓	✓	
Medicare Part B excess charges				✓							✓	
Foreign travel emergency (up to plan limits)			✓	✓				✓	✓	✓	✓	
Out-of-pocket limit in 2021[2]						$6,220[2]	$3,110[2]					

[1]Plans F and G also have a high deductible option which require first paying a plan deductible $2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2]Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3]Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.

Plan G
Outline of Coverage

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, F, G, HIGH DEDUCTIBLE G AND N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in your state. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F and High Deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants									Medicare first eligible before 2020 only		
	PLAN A	PLAN B	PLAN D	**PLAN G**	**G[1]**	PLAN K	PLAN L	PLAN M	**PLAN N**	PLAN C	**PLAN F**	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓		50%	75%	✓	✓ copays apply[3]	✓	✓	
Blood (first three pints each year)	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Part A hospice care coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Skilled nursing facility coinsurance			✓	✓		50%	75%	✓	✓	✓	✓	
Medicare Part A deductible		✓	✓	✓		50%	75%	50%	✓	✓	✓	
Medicare Part B deductible										✓	✓	
Medicare Part B excess charges				✓							✓	
Foreign travel emergency (up to plan limits)			✓	✓				✓	✓	✓	✓	
Out-of-pocket limit in 2021[2]						$6,220[2]	$3,110[2]					

[1]Plans F and G also have a high deductible option which require first paying a plan deductible $2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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[3]Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.

PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st through 90th day	All but $371 a day	$371 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $742 a day	$742 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $185.50 a day	Up to $185.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $203 of Medicare-approved amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare-approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $203 of Medicare-approved amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A AND B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	$0	$0
DURABLE MEDICAL EQUIPMENT			
First $203 of Medicare-approved amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

PLAN G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum benefit